

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00504530         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">▶</span> <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /            <div style="border: 1px solid black; padding: 2px;">D D D</div> /            <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>The Prosper Group Corporation</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /            <div style="border: 1px solid black; padding: 2px;">D D D</div> /            <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>11</div> <div>01</div> <div>2016</div> </div>	
Mailing Address 435 East Main Street Suite 250			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">31380.00</div>	
City Greenwood	State IN	Zip Code 46143	<b>Transaction ID : 001</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /            <div style="border: 1px solid black; padding: 2px;">D D D</div> /            <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>27</div> <div>2016</div> </div>	
Purpose of Expenditure Media Placement			Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>	
Name of Federal Candidate Nelson, Tom, ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: 08  <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">386648.01</div>	
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>American Media &amp; Advocacy Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /            <div style="border: 1px solid black; padding: 2px;">D D D</div> /            <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>11</div> <div>01</div> <div>2016</div> </div>	
Mailing Address 815 Slaters Lane			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">302680.75</div>	
City Alexandria	State VA	Zip Code 22314	<b>Transaction ID : 002</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> /            <div style="border: 1px solid black; padding: 2px;">D D D</div> /            <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>24</div> <div>2016</div> </div>	
Purpose of Expenditure Media Placement			Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>	
Name of Federal Candidate Nelson, Tom, ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: 08  <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI         </div> </div>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">689328.76</div>	
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">334060.75</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Crosby, Caleb, , ,

[Electronically Filed]

Date

M M M

 / 
 

D D D

 / 
 

Y Y Y Y Y Y

11

02

2016

Signature